

TRANSMITTAL SLIP		DATE	3/31						
TO: <i>Ch/D/M</i>									
ROOM NO.	BUILDING								
REMARKS:									
<div style="text-align: right;"><table border="1"><tr><td>L</td><td>M</td></tr><tr><td>H</td><td>I</td></tr><tr><td>P</td><td>I</td></tr></table> <i>BCB</i> <i>FILE</i></div>				L	M	H	I	P	I
				L	M				
H	I								
P	I								
FROM: <i>OAD/RR</i>									
ROOM NO.	BUILDING	EXTENSION							

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)